

(Print Name of lobbyist)

#### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

<b>5</b> .	s partnership, firm	or corporation, if any:		
Bıa	nco Professional	Association		
	me of partnership, firm		· · · · · · · · · · · · · · · · · · ·	
18 Cen	tre Street	Concord	NH	03301
	reet)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(6	603) 226-0165	e-mail attys@bi	ancona.com
(Telephone)		(Fax)	ca	
reportable expense t	ransactions which a	<ul> <li>file separate reports for are not attributable to any in the months prior to the re</li> </ul>	one client).	
A 7th reportable dan		ellCare Health Plans, I		, reme mile ememi
		nt as it appears on the Lobbyist	true.	
OR	(run rame or enem	it as it appears on the Loboyisi	registration Form)	
☐ All reportable tranunrelated to any partic		pyist (including the lobbyist	's family), or the lobbying	g firm listed below w
IV. Date of Report	April 25, 2018 [		July 25, 2018 🗴	
		( <i>  ulloll lo 3/3 l/ l</i> 0		
	October 31, 2018 activity from 7/1/18 to	8 🗆	January 30, 2019   tivity from 10/1/18 to 12/31/	18
Neports cover: active a	October 31, 2018 activity from 7/1/18 to no fees received complete just this fo	8  ac o 9/30/18 ac and no reportable tran	January 30, 2019   nivity from 10/1/18 to 12/31/ sactions made since the	ie last report.
V. There have been If this box is checked, Concord, NH 03301. VI. Check if addition	October 31, 2018 activity from 7/1/18 to n no fees received complete just this formal reports are atta	8	January 30, 2019 (1) nivity from 10/1/18 to 12/31/19 is actions made since the retary of State's Office, St	ne last report. Cate House, Room 20
V. There have been If this box is checked, Concord, NH 03301. VI. Check if addition	October 31, 2018 activity from 7/1/18 to n no fees received complete just this for nal reports are atta wed fees or made exp	and no reportable transcript and submit it to the Sec	January 30, 2019   nivity from 10/1/18 to 12/31/  sactions made since the retary of State's Office, State and Extended the same and	ne last report. Care House, Room 20
V. There have been If this box is checked, Concord, NH 03301. VI. Check if addition	October 31, 2018 activity from 7/1/18 to n no fees received complete just this for nal reports are atta wed fees or made expan honorarium or rei	8	January 30, 2019   nivity from 10/1/18 to 12/31/  sactions made since the retary of State's Office, State and Extended the same and	ne last report. Care House, Room 20

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 11,250
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 11,292
f) Total of all expenses year to date	n s <u>22,542</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	07/25/2018
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Associat	tion
Name of Client (leave blank if Statement is for the partnership, firm, or corporation an	d not related to any
particular client): WellCare Health Plans, Inc.	
Date of Report (check one):	
April 25, 2018 ☐ July 25, 2018 ☒ October 31, 2018 ☐ January 30,	, 2019 🗆
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses de the following Addendums submitted with that Statement (insert the number of Adde submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Ad complete to the best of my knowledge and belief.    July 25, 2018	dendum is true and
(Signature of 1000y1st)	
Adam Schmidt	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irmation	by	Lobbyist
Statem	ent of	Income	and Exp	enso	es for:

Name of Lobbying partnership, firm, or o	corporation: Bianco Professional Association
Name of Client (leave blank if Statement	it is for the partnership, firm, or corporation and not related to any
particular client): WellCare Health Pla	lans, Inc.
Date of Report (check one):	
April 25, 2018 ☐ July 25, 2018	☑ October 31, 2018 □ January 30, 2019 □
	664, the Statement of Income and Expenses described above, and ith that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoi complete to the best of my knowledge an	ing information on the Statement and each Addendum is true and nd belief.
K. (	July 25, 2018
(Signature of obbyist)	(Date)
Karen Soucy	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affirm	ation	by	Lobbyi	st
Statem	ent of	Income and	Expe	ense	s for:	

Name of Lobbying partnership, firm, or corporation: Bian	nco Professional Association
Name of Client (leave blank if Statement is for the partners	
particular client): WellCare Health Plans, Inc.	
Date of Report (check one):	
April 25, 2018 ☐ July 25, 2018 ☒ October 31	, 2018 □ January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on complete to the best of my knowledge and belief.  (Signature of Johnwitt)	July 25, 2018
(Signature of log/byist)	(Date)
Kathy Corey Fox	
(Print Name of lobbyist)	